

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -8 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000144375**

1. Corporation Name

L. Martinez Tile Inc.

2. Principal Office Address

4901 Town-Country
Suite, Apt. #, etc.

3. Mailing Office Address

4901 Town-Country Blvd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

Country

33615 Hillsborough

Zip

Country

33615 Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/03

5. FEI Number

450527981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald S. Tulin

Street Address (P.O. Box Number is Not Acceptable)

502 East Baker Street

Suite, Apt. #, Etc.

Suite A

City

Plant City

State

FL

Zip Code

33563

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rm Tulin

REGISTERED AGENT MUST SIGN

Date

2/3/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Carlos S. Martinez	4901 Town-Country Tampa, FL 33615	Tampa, FL 33615

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Rm Tulin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/06

Daytime Phone #

2/3/06

TO: Florida Department of State

I Writing this letter to
reinstatement because I never received
the Annual Report for the year
2004. I sending a check for
\$450.00 for my Reinstatement, I think
I never received it due to a address
change.

Thank you for your help.



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New Address
4901 Town - Country Blvd
Tampa, FL 33615